| 21402 2380 | 27521 6 | | | e of Nek /estic | oraska gator's | Мо | tor | Vel | hicl | e A | \ C(| cid | en | t Re | port | | Shee | et1 | of | 2 | _ |
|-------------------|---|----------|----------------|--------------------|-------------------|------------|------------|------------------------------|---|------------|-------------|-----------------|--------------------|------------------------------|------------------------------------|---------------------------|-------------------|----------------|-------------------|-------------------|--------|
| 1 | Total Nu | | In: 1: 1 | | | | | | | | ŀ | HT & RUN | l . | INVESTIGATION MADE AT SCENE? | | | | | | | |
| A/1 | of Vehi | | | 191 | | No. | 4-06 | 3836 | | | | | | YES (In Att | | STATE US | YES | | NO | 1 | _ |
| 01 | DATE OF | | M / D 6/201 | | YY | Y Y | SM | T \ | WTH | F | <u>s</u> . | TIME O | F | 1509 | itary Time) | SIAIE 03 | E OINLI | | | | |
| A/2 | Accident | | | | | | | | | | | | | | | | | | | | |
| | PLACE OF | COUNTY | ′ L | ancaste | er | | | | | | | NOTIFI | ED | 1509 | | 07/46 | ./00 | | | 1 | |
| В | ACCIDENT CITY Lincoln | | | | | | | | | | | | PRIVATE PROPERT | | 07/16/2014 | | | | | | |
| 76 | ROAD ON WHICH STREET/ HIGHWAY NO. Vine St./Russwood Blvd | | | | | | | Blvd | | | | | | ONE-WAY | LATITUDE | LATITUDE | | | | | |
| С | ACCIDENT OCCURRED | | | | | | | | HIGHWAY | | | | YAW | STREET? | LONGITUE | LONGITUDE | | | - | | |
| 1 | DISTANCE FROM MILEPOST N S E W OF MILEPOST | | | | | | | EPOST | | | | | | | | | | | | | |
| D 4 | IF AT INTERSECTION NAME OF INTERSECTING ROADWAY | | | | | | | X >FE | IF NOT AT INTERSECTION SET MILES N S E W | | | | | FAREST STREE | T BRIDGE | BRIDGE, RAILROAD CROSSING | | | | | |
| 1 | | | | | | | | | | | 84 St. | | | | | | | | | | |
| V1/M 01 | | | | | | | | MITS, INDICATE DISTANCE FROM | | | | | | | | | | | | | |
| V2/M | MILES | | N | | W AND MILES | | | | S E | w | OF NE | AREST OR TOW | | | | | | | | | |
| | _ | D4 | DO. | D2 D4 | | | C4 | 60 | 62 | S4 : | S5-a | CF | CC - | CC - | DOES ACCID | ENT INVO | IVED | AMAGE | TO | _ | |
| E | R. WORK ZONE | R1 | R2 | R3 R4 | | SIFICATION | 1 10 | 2 | S3 | | 04 | 33-D | 36-a | S6-b | STATE DEPT. | OF ROAD | S' PR | | | | |
| 2 | CODES | <u> </u> | | | CODES | | 10 | | <u> </u> | | | | ı | | ○YE | s 🗴 |) NO | | | 4 | |
| F | DRIVER | | | 000100 | | | | VE | HICLE | NO. | 1 | | | | STATE | T | | | FEMALE | | |
| 1 | LICENSE | | NO. | G02139 | 9846 | | | | | | 1. | | | | (Of License) | NE | | | MALE | | |
| V1/N | HAL V K | KENNI | EDY | | | | | | | | | 402 | -488 | 3-0863 | | LOCAL N | U. | | | | |
| 2 V2/N | DRIVER ADDRI | | BES. | TDRI | INCOLN, | | STATE, 2 | ZIP | | | | | | | DATE OF BIRTH (MM / DD / YYY | 08/16 | 3/19 ₄ | 40 | | V1/1 | - |
| VZ/IN | OWNER | | | | | | | | | | ı | PHONE | 400 | 2.00/0 | (MM / DD / YYY | LOCAL N | O. | | | 14 | |
| G | HAL V P | | EDY | / Jacqu | eline G K | | STATE, 2 | 7IP | | | | 402 | | 3-0863 STATION | YES | 08-1 | | 40 | | V1/2 | |
| 2 | _ | | est D | r., Linco | ln, NE 6 | | 0 ,, ., 2, | | | | | | | PEND | | | | | | V1/3 | _ |
| Н | LICENSE PLATE | PA | NO. | SNY662 | | | | | | | | | | YEAR ate Expires) | 2014 | | STA (Of P | | NE | | |
| 5 | VEHICLE | | YEA | AR | MAKE | | MODEL | | | BODY | | | | COLOR | E | STIMATED | DAMAG | | | V1/4 | _ |
| V1/O | VEHICLE ID | T - | 2005 | | Chevrole | ∋ τ | Taho | ре | | Col | mpa | ct U | llity | 1 | E COMPANY | TOTALE | D 🎝 | 300 | | | _ |
| 1 V2/O | NO. (VIN) | 1GI | NEK1 | I3TX5J1 | 195738 | | | | | | | | | | Farm | | | | | V1/5 14 | |
| 12.0 | TOWED TO | | | | | TOWED BY | (| | | | | | | 1490 | 657272 | | | | | V1/6 | 7 |
| ı | | | | | | | | VE | HICLE | NO. | 2 | | | • | | | | | | 25 | |
| 1 | DRIVER LICENSE | | NO. | | | | | | | | | | | | STATE (Of License) | | SI | - x | FEMALE MALE | | |
| V1/P | DRIVER | | | | | | | | | | F | PHONE | | | | LOCAL N | 0. | | | V2/1 | _ |
| 1 V2/P | DRIVER ADDRI | ESS | | | | CITY, | STATE, 2 | ZIP | | | | | | | DATE OF | | | | | - V2/1 | |
| V2/P | OWNER | | | | | | | | | | I | PHONE | | | BIRTH (MM / DD / YYY | Y) LOCAL N | O. | | | V2/2 | _ |
| J | | | | | | | | | | | | | | | | | | | | | |
| 01 | OWNER ADDR | ESS | | | | CITY, | STATE, 2 | ΔIP | | | | | | ITATION PENDI | | CITATION | NO. | | | V2/3 | |
| V1/Q | LICENSE | | | | | | | | | | | | | YEAR | | | STA (Of P | | | V2/4 | _ |
| 4 | PLATE | YEAR | NO. | | MAKE | | MODEL | | | BODY | STYLE | | (ГІС | COLOR | | STIMATED | DAMAG | ′ | | - | |
| V2/Q | VEHICLE | | | | | | | | | | | | | INSURANC | E COMPANY | TOTALE | D \$ | | | V2/5 | |
| K | VEHICLE ID NO. (VIN) | | | | | | | | | | | | | 11100101110 | L COMITANT | | | | | V2/6 | _ |
| 01 | TOWED TO | | | | | TOWED BY | (| | | | | | | POLICY NO |). | | | | | 1270 | |
| | | Comp | lete | this se | ction fo | r all in | jured | pers | sons | | | | | DATE | OF BIRTH | 1 Soot | 2 | 3 Pody | 4 | 5 SEX | _ X |
| VEH. # | NAME | (Com | iplete a | continuation | on report, if n | nore than | three w | erē injui | red) | | | | + | (MM / | DD / YYYY) | Seat Position | Eject | Body Region | Injury Sev. Ti | ans. M F | = |
| _ | Gavin A Fenstemaker 2512 N 83 St., Lincoln, NE 68507 08/29/1997 19 06 4 1 | | | | | | | | I M | | | | | | | | | | | | |
| 0 | LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME EMS RUN REPORT NO. | | | | | | | | | | | | | | | | | | | | |
| VEH. # | NAME | | | | AD | DRESS | | | | | | | Т | | | | | | | | _ |
| | | | IMEE: | AL EAGUEST | LANG | | | | TEN40 5 | -D/ "C = : | 1004 | | | | | EMO E | l DET | DE MA | | | |
| | LOCAL NO. | | MEDICA | AL FACILITY N | NAIVIE | | | | EWS SE | ERVICE N | NAME | | | | | EMS RU | IN KEP | JKI NO. | | | |
| VEH. # | NAME | | 1 | | AD | DRESS | | | 1 | | | | | | | | | | | | _ |
| | LOCAL NO. | | MEDICA | AL FACILITY N | NAME | | | | EMS SE | ERVICE N | NAME | | | | | EMS RU | N REP | DRT NO. | | | |
| | | | 1 | | | | | | 1 | | | | | | | 1 | | | | | |

| | | | THE FOLLOWING | | N IS REQUIRED FO | 1 | NCY CASE NO. | | | |
|------------------------------|------------|---|--|---|---|--|---|--|--|--|
| | | | | INDICATE | BY DIAGRAM WHAT HAP | | -063856 | | | |
| Indic No by A | rth | | | | | | | | | |
| Dy A | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | POI West of West Curb of N 84 St orth of South Curb of Vine St | | | | | | | |
| | | | | | ←To Russ | swood Blvd. ≁Vine St.→ | To N 84 St.→ | | | |
| | | | <u>Legend</u> | | | | | | | |
| | | | Cyclist | | 36' | Î | | | | |
| | | | | | | \$ | 10000010 | | | |
| | | | Drawing not to scale. Measurements approx. No skid marks. | | | | | | | |
| | | | NO SKIM HIMING | | | | Sidewalk→ | | | |
| 2::4 | | 11 ND an | DESCRIPTION THE West sidewalk of N 84 | | BASED ON OFFICER'S I | | t to the status | | | |
| St., i | n the ri | ght turn lane, sto began to make | tated he rode into the right opped at the red light at N the red light at N the red light at N the right turn, Cyclist struction of the red light turn, Cyclist struction of the red light turn, and the red light at the | 34 St./Vine St. D1 sk the right side of I | stated he looked both nor his vehicle. Cyclist was le | th and south and didn't sectured on how he needs | ee any vehicle to yield right o | es or pedestrians. D1 of way to vehicles | | |
| E OBJE | CT DAMA | GED COUNTAIN BIK | owner name Victoria L Earleywine | ADDRESS e 2512 N 83 S | | 07 PHONE 402-499-40 | | PPROX. COST OF DAMAGE | | |
| <u> </u> | CT DAMA | | OWNER NAME | ADDRESS | | PHONE | A | PPROX. COST OF DAMAGE | | |
| NAME | - | | | ADDRESS | | | PHONE | \$ | | |
| SSES | = | | | ADDITEGO | | | FIIONE | = | | |
| NAME | | | | ADDRESS | | | PHONE | Ē | | |
| V | | MOVEMENT | POINT OF IMPA | ACT AND | AIRBAG DEPLOYED | RESTRAINT USE | TOTAL | VEH O VEH | | |
| VEU | | ROAD OR | MOST DAMAG (Enter numbers for | ED AREA | VEHICLE 1 | VEHICLE 1 | OCCUPANT | s 1 2 2 | | |
| | SEW | Vine St. | - | , | - 4 | | ALCOHOL TESTING | Driver No. 1 No. 2 trian | | |
| 1 | X | VIIIE St. | | OINT OF | 4 | 1 None used, vehicle eccupar | ALCOHOL LEVEL TESTED | Y Y Y N X | | |
| 2 | | | MOST | IMPACT MOST | 1 Deployed - front 2 Deployed - side | 1 None used - vehicle occupar 2 Lap & shoulder belt used 3 Shoulder belt only used | BAC LEVEL | N X N N N | | |
| 1 0 | 5 | 06 Turning left 07 Making U-turn | 1 00 | AMAGED AREA | 3 Deployed - both front/side4 Not deployed5 Not applicable/ | 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used | ALCOH | OL/ Driver Driver No. 1 No. 2 | | |
| 2 | - 11 | 08 Entering traffic lane | 00 None 02 | <u> 03 0</u> 4 | No airbag available 6 Unknown | 7 DOT approved helmet used 8 Costume helmet used | DRUG SUSPEC | S 1 | | |
| 01 Esse straig 02 Back | ght ahead | 09 Leaving traffic lane 10 Parked | 09 Top & windows 10 Undercarriage 01 | 7 05 | VEHICLE 2 | 9 Restraint use unknown VEHICLE 2 | Neither alcohol nor drugs suspected Yes - alcohol suspected | | | |
| 03 Char | nging lane | es 11 Slowing or stopped in tra | 11 Total (all areas) | <u> </u> | | | 3 Yes - drug | | | |
| 04 Over Pass | ing | 12 Other | 08 | 07 06 | | | 5 Unknown | ioi & drugs suspected | | |
| 05 Turni OFFICEF | R NO. | 13 Unknown | TROOP/ TEAM/ | DEPARTM | | | | otographs YES | | |
| 168 | | AME (Print or Type) | BEAT 2 | Linco | oln Police Departmer | nt | tak | en? 🗴 NO | | |
| | | Idhaus | | | Officer Justin Feldh | naus | DATE OF REPORT | 07/16/2014 | | |